

MISSOURI DEPARTMENT OF INSURANCE
LICENSING SECTION
MISSOURI UNIFORM RENEWAL APPLICATION FOR BAIL BOND OR
SURETY RECOVERY LICENSE (FORM BR)
AGENCY NUMBER/ORL - MO 9204407

P.O. BOX 690 OR P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MO 65102 TELEPHONE: (573) 751-3518

THIS FORM MAY BE DUPLICATED

AGENCY NUMBER	MORI - IVIO 9204402		THIS FORM WAT BE D	OFFICATED
		PRINT OR TYPE		
PART I – LICENSE TYPE REQUE	ESTED - CHECK APPROPRIAT	E BOX (ONLY ONE	E TYPE PER APPLICATION)	
☐ Bail Bond Agent	☐ General Bail Bo	ond Agent	☐ Surety Recovery Ag	ent
	** SEE PART VI - GE	ENERAL INSTRUC	TIONS **	
PART II (A) – INDIVIDUAL IDENT	IFICATION (Do not complete i	if you are applying	for a corporate license.)	
A. SOCIAL SECURITY NUMBER	B. DATE OF BIRTH (MM/DD/YY	YY)		
C. FULL LEGAL NAME OF APPLICANT - LAST NA	AME FIRST NA	ME	MIDDLE NAME (IF NONE, ENTER	N/A) JR./SR.
D. RESIDENCE ADDRESS - REQUIRED	STREET ADDRESS	CITY	STATE	ZIP CODE
E. MAIL ADDRESS - <b>OPTIONAL</b>	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
E. BUSINESS ADDRESS - REQUIRED FOR SURE	ETY RECOVERY AGENT STREET ADDR	ESS CITY	STATE	ZIP CODE
HOME TELEPHONE		BUSINESS TELEPHO	NE	
PART II (B) – CORPORATE IDEN	ITIFICATION (Do not complete	if you are applyin	g for an individual license.)	
A. FEIN (FEDERAL EMPLOYER IDENTIFICATION	NUMBER)	B. INCORPORATION/I	FORMATION DATE	
C. BUSINESS NAME				
D. LEGAL ADDRESS - <b>REQUIRED</b>	STREET ADDRESS	CITY	STATE	ZIP CODE
S. ELGNENDSKEGO KEROKED	CINEET ADDITION	0111	CIMIL	211 0002
E. MAIL ADDRESS - OPTIONAL	PO BOX/STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL ADDRESS		
	DIRECTORS: (IDENTIFY ALL IADE TO THE OFFICERS, OWN AND FORWARD TO PART III.)	IERS AND DIRECT		
☐ NO CHANGES				
NAME	TITLE	SOCI	AL SECURITY NUMBER	DWNER
				☐ YES ☐ NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA O	R GENERAL EDUCATION DEVELOPMENT (G	ED) CERTIFICATE?		
☐ YES ☐ NO If YES, in w	hat city and state did you earn yo	our diploma or certific	cate?	
(city)	(state)			
NAME	TITLE	SOCI	AL SECURITY NUMBER	OWNER
				☐ YES ☐ NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA O	OR GENERAL EDUCATION DEVELOPMENT (G	ED) CERTIFICATE?		
YES NO If YES, in w	hat city and state did you earn yo	our diploma or certific	cate?	
(city)	(state)			
NAME	TITLE	SOCI	AL SECURITY NUMBER	OWNER  YES NO
DO YOU HAVE A HIGH SCHOOL DIPLOMA O	PR GENERAL EDUCATION DEVELOPMENT (G	ED) CERTIFICATE?		
	that city and state did you earn yo		cate?	
(city)	(ctato)			
(city)	(state)			

PART III – BACKGROUND INFORMATION (To be completed by Individual AND Corporate Applicants.)					
answered, "yes", by any officer/owner/dir If needed, attach a sheet of paper for a	ector "yes", the question should be dditional space.	irector. If any of the questions in Part III, A-H, can be checked, "yes", and documentation must be attached.			
. HAS ANY DISCIPLINARY ACTION, INCLUDING BUT NOT LIMITED TO, REFUSAL, SUSPENSION, OR REVOCATION, EVER BEEN TAKEN BY ANY REGULATORY AGENCY IN ANY STATE PROVINCE OF CANADA AGAINST YOU OR ANY BUSINESS WITH WHICH YOU HAVE BEEN DIRECTLY CONNECTED?					
YES NO If YES, provide full explanation on a separate sheet of paper and a certified copy of the documents from the agency imposing discipline.					
FILED AGAINST YOU? APPLICANTS ARE REQUIRED TO	REPORT ALL CRIMINAL CASES WHETHER OR NOT A S	ELONY OR CURRENTLY HAVE PENDING MISDEMEANOR OR FELONY CHARGES SENTENCE HAS BEEN IMPOSED, A SUSPENDED IMPOSITION OF SENTENCE HAS HIS APPLICATION, A MISDEMEANOR DOES NOT INCLUDE MINOR TRAFFIC VIO-			
YES NO If YES, give date, name a copies of the information	, and whether you received an executive pardonAlso attach certified				
C. HAS ANY PROFESSIONAL LICENSE (OTHER THAN BAIL BOND RELATED LICENSES) HELD OR APPLIED FOR BY YOU BEEN REVOKED, SUSPENDED, REFUSED, OR THE RENEWAL THERE DENIED BY A REGULATORY BODY OR OFFICIAL OF ANY STATE, DISTRICT, OR TERRITORY?					
YES NO If YES, provide full explanation on a separate sheet of paper and a certified copy of the documents from the agency imposing discipline.					
D. DOES ANY COURT, INSURANCE COMPANY, BUSINESS ENTITY PRODUCER (AGENCY/GENERAL BAIL BOND AGENT), OR PRODUCER CONTEND OR ALLEGE THAT IT HAS MONEY OR SUMS DUE FROM YOU, OTHER THAN SUMS DUE FOR THE APPLICANT'S PERSONAL/INDIVIDUAL INSURANCE NEEDS?					
E. HAVE YOU EVER HAD A SURETY BOND REFUSED, REV	nation on a separate sheet of paper and any d OKED, OR CANCELLED?	ocuments related to the matter			
YES NO If YES, provide full explain	nation on a separate sheet of paper and any d	ocuments related to the matter			
	F. DO YOU HAVE ANY OUTSTANDING FORFEITURE OR UNSATISFIED JUDGMENTS ENTERED ON ANY BAIL BOND IN ANY COURT OF THIS STATE OR THE UNITED STATES?				
YES NO If YES, provide full explain	nation on a separate sheet of paper and any d	ocuments related to the matter			
G. ARE YOU A JUDGE, ATTORNEY, COURT OFFICIAL, LAW ENFORCEMENT OFFICER OR A STATE, COUNTY OR MUNICIPAL EMPLOYEE WHO IS EITHER ELECTED OR APPOINTED?  YES NO If YES, state office/position and provide dates position/office held.					
PART IV - APPLICANT SIGNATURE (If a	oplying for a corporate license, appl	ication must be signed by an officer.)			
, in the second					
This applicant first being duly sworn upor the to the best of his/her knowledge and		its contained in the above and foregoing application			
SIGNATURE OF APPLICANT		DATE			
THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED FOR CORRECTION.					
Mail Completed Application To:	MISSOURI DEPARTMENT OF INSU	IRANCE			
	P.O. Box 4001				
	Jefferson City, MO 65102				
PART V – GENERAL INSTRUCTIONS					
		a money order, cashiers' check, or business check made oted.			
	inal prosecution under any state or fed	plated state law or has been adjudicated or entered a pleaderal law for a felony or a crime involving moral turpitude			
approved by the Missouri State High include a Missouri State Highway F Investigation search. For proper ide of other fees directly to, and in the mitted to an electronic fingerprint-ba	nway Patrol will be conducted on all a Patrol, Criminal Records and Identification, a fingerprint is required. The manner prescribed by, the Missouri sed background check approved by ton is not complete until all background.	gerprint-based background check by an electronic means applicants. The fingerprint-based background check must ation Division (CRID) search and a Federal Bureau of the applicant shall pay any required fingerprinting, search Highway Patrol. Applicants who have previously subthe Missouri Highway Patrol are not required to submit dicheck information has been submitted to the Missouri			
For additional information on obtaining please contact:	ng the fingerprint-based background c	heck, including information regarding locations and fees,			
Identix Identification Services					
1-866-522-7067					
	www.identix.com/iis				
	or				
	Missouri Department of Insu 1-573-751-3518	irance			

MO 375-0113N (12-05)

## **BAIL BOND AGENT APPLICANTS**

- A. An applicant must comply with the qualifications established by Supreme Court Rule 33.17.
- B. All applicants must provide on this form the name, license number, address, and signature of the licensed general bail bond agent under whose authority they will be working:

PRINT NAME AND LICENSE NUMBER OF GENERAL BAIL BOND AGENT

ADDRESS OF GENERAL BAIL BOND AGENT

## **GENERAL BAIL BOND AGENT APPLICANTS - INDIVIDUALS**

- A. An applicant must comply with the qualifications established by Supreme Court Rule 33.17
- B. An applicant is not qualified for renewal if the applicant does not devote at least 50% of their working time to the bail bond business in MO. All renewal applicants must submit with the completed application a notarized affidavit stating that the applicant is devoting at least 50% of their working time to the bail bond business in Missouri.

## **GENERAL BAIL BOND AGENT APPLICANTS - CORPORATIONS**

- A. Corporate applicants must be registered with the Missouri Secretary of State Office and in good standing.
- B. All officers of the corporation must hold active Missouri bail bond agent licenses, and must have been licensed as bail bond agents for a minimum of two years immediately prior to submitting the general bail bond corporation application.
- C. All officers of the general bail bond corporation must meet all of the qualifications outlined in A and B of GENERAL BAIL BOND AGENT APPLICANTS INDIVIDUAL.

## D. Applicants must submit with the completed application:

- 1. A copy of the Certificate of Incorporation or a Certificate of Good Standing issued by the Missouri Secretary of State, and dated within the past year.
- 2. A list of all branch addresses of the general bail bond agent corporation.
- 3. A notarized affidavit from each officer of the corporation stating that they are devoting at least 50% of their working time to the bail bond business in MO.
- 4. An original letter from the financial institution that issued the applicant's Certificate of Deposit, verifying that the Certificate of Deposit is still assigned to the State of Missouri. The letter must be signed and dated by a bank official within the past 60 days and include the Certificate of Deposit number. If the applicant chooses to submit an alternative Certificate of Deposit, the applicant must submit an Assignment form and the Acknowledgement of Assignment form documenting an assignment of \$10,000 if the applicant is a Missouri resident or \$25,000 if the applicant is a non-resident. Applicants submitting an alternative Certificate of Deposit must submit an original certificate of deposit representing the assigned deposit. The Certificate of Deposit must be issued in the corporate applicant's name only. An officer must sign as depositor.

THIS APPLICATION MAY BE PHOTOCOPIED

MO 375-0113N (12-05)